

1451

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH				BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. <u>274</u>	
County <u>Maricopa</u>		State <u>Arizona</u>		Local Registrar's No. <u>184</u>	
District or Township <u>Thusa</u>		or Village		or	
City <u>Thusa</u>		No. _____ St. _____		Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Richard Bowen</u>					
(a) Residence, No. <u>Wing 1st St.</u>		St. _____		Ward _____	
(Usual place of abode)		(If non-resident, give city or town and State)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Child</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year) <u>Aug. 28, 1930</u>					
7. AGE	Years _____	Months _____	Days _____	LESS than 1 day of _____ hrs. _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Child</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____					
9. BIRTHPLACE (city or town) (State or country) <u>Miss Ariz.</u>					
10. NAME OF FATHER <u>Tom Bowen</u>					
11. BIRTHPLACE OF FATHER (State or country) <u>Ariz.</u> (city or town) _____					
12. MAIDEN NAME OF MOTHER <u>Genevieve Morris</u>					
13. BIRTHPLACE OF MOTHER (State or country) <u>Utah</u> (city or town) _____					
14. Informant (Address) <u>Tom Bowen</u> <u>Miss Ariz.</u>					
15. Filed <u>9-5-30</u> <u>Dr. F. B. Brown</u> Registrar. <u>Mrs. B.</u>					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Aug 28</u> 19 <u>30</u> Month Day Year					
17. HEREBY CERTIFY, That I attended deceased from <u>Aug 28</u> 19 <u>30</u> to <u>Aug 28</u> 19 <u>30</u> that I last saw <u>him</u> alive on <u>Aug 28</u> 19 <u>30</u> and that death occurred, on the date stated above, at <u>7:00 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Premature birth</u>					
CONTRIBUTORY (duration) _____ yrs. _____ mos. _____ ds. <u>Premature separation of placenta previa.</u> (duration) _____ yrs. _____ mos. _____ ds.					
18. Where was disease contracted if not at place of death? _____					
Did an operation precede death? <u>No</u> Date of _____					
Was there an autopsy? <u>No</u>					
What test confirmed diagnosis? <u>Clinical signs</u> (Signed) <u>Dr. F. B. Brown</u> M. D. <u>8-29-30</u> (Address) <u>Thusa, Ariz.</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Thusa cemetery</u>				DATE OF BURIAL <u>8-29-30</u>	
20. UNDERTAKER <u>Holden Mortuary</u>				ADDRESS <u>Thusa Ariz.</u>	